MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE	
. 10	5806BZ		
APPLICANT(S)			

CLAIMS

	AS FILED		AFTER 1"AMENDMENT			AFTER 2 MAMENDMENT			AS FILED		AFTER 1" AMENDMENT		AFTER 2 ** AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	<u> </u>	DEP.	IND.	DEI
$\frac{1}{2}$			1					51						
3		<u> </u>	-	 /			. 7	52 53			ļi		ļ	
4		-	\				4	54						
5								55			{ }			├──
6								56						
7					1			57						
8			<u>/</u>					58						
9				<u> </u>				59						
11				 		-		60						
12								61 62						├
13							V". 13	63			 			
14			,					64						
15								65						
16	, ,						1	66						
17								67						
18				1				68						
19 20								69		<u>. </u>				
21							1	70						
22					·			71 72						
23							ŀ	73						
24								74						
25								75						
26							. [76						
27							L	77						
28							1	78		· ·				
30							/	79				{}		
31							-	80 81						
32							 	82				 }		
33							1	83						
34							ľ	84						
35							10	85						
36							1	86						
38							. -	87						
39							-	88 89						
40							-	90						
41							1	91						
42								92						
43								93					$\neg \neg$	
44								94						
45								95						
46 47							1	96						
48							-	97	-					
49							-	98 99						
50						·	F	100				——}		
TOTAL							-	TOTAL						
IND. TOTAL		₽	2	⇩⇂		₽		IND.		\Box		₽		Ω
DEP.	· No		8			\Diamond		TOTAL DEP.		\Diamond	•	$\langle - $		$\langle \neg$
TOTAL CLAIMS			6i			4		TOTAL CLAIMS	I a			1 . V		ider-aki Liberaki
	(REV. 11/04)						-		U	S. DEPART	MENT of CO			